

In-Home Supportive Services (IHSS) Quarterly Report on Quality Assurance/Quality Improvement (QA/QI) For Personal Care Services Program (PCSP), IHSS Plus Waiver (IPW) And IHSS Residual (IHSS-R) Programs

County Name:			
County Code:		Quarter Ending:	
Name/Title of Person Completing Survey:			
Phone Number:			
Date Completed:			

Routine Scheduled Review Of Supportive Services Cases

1. Desk Reviews	PCSP	IPW	IHSS-R
A. Number of Desk Review Cases Completed	1 0	2 0	3 0
B. Number of Desk Review Cases With "No" Further Action Required	4 0	5 0	6 0
C. Number of Desk Review Cases Requiring Additional Action	7 0	8 0	9 0
2. Home Visits	PCSP	IPW	IHSS-R
A. Number of Home Visits Conducted	10 0	11 0	12 0
B. Number of Home Visits With "No" Further Action Required	13 0	14 0	15 0
C. Number of Home Visits Requiring Additional Action	16 0	17 0	18 0
3. Fraud Prevention/Detection And Over/Underpayment Activities	PCSP	IPW	IHSS-R
A. Number of Cases Identified Through QA/QI Activities Requiring Further County Review	19 0	20 0	21 0
B. Number of Cases Identified Through QA/QI Activities Referred to Department of Health Services (DHS) for Investigation	22 0	23 0	24 0
C. Number of Underpayment Actions Initiated as a Result of QA/QI Activities	25 0	26 0	27 0
D. Number of Nonfraud-Related Overpayments Initiated as a Result of QA/QI Activities	28 0	29 0	30 0
E. Number of Fraud-Related Overpayments Initiated as a Result of QA/QI Activities	31 0	32 0	33 0
F. Other: (specify) _____	34 0	35 0	36 0

4. Critical Events/Incidents (Complete All That Apply)	PCSP	IPW	IHSS-R
A. Number of Neglect Cases	37 0	38 0	39 0
B. Number of Abuse Cases (physical, sexual, mental, financial, exploitation)	40 0	41 0	42 0
C. Number of Provider "No Show" Cases That Pose a Threat to the Health and Safety of the Recipient	43 0	44 0	45 0
D. Number of "Harmful to Self" Cases	46 0	47 0	48 0
E. Other Types of Critical Events/Incidents: (specify) _____	49 0	50 0	51 0
5. Actions Taken On Critical Events/Incidents Within 24 Hours (Complete All That Apply)	PCSP	IPW	IHSS-R
A. Adult Protective Services (APS) Referral	52 0	53 0	54 0
B. Child Protective Services (CPS) Referral	55 0	56 0	57 0
C. Law Enforcement Referral	58 0	59 0	60 0
D. Public Authority (PA) Referral	61 0	62 0	63 0
E. 911 Call Center Referral	64 0	65 0	66 0
F. Out-Of-Home Placement Referral	67 0	68 0	69 0
G. Other: (specify) _____	70 0	71 0	72 0
6. Targeted Reviews (Complete All That Apply)	PCSP	IPW	IHSS-R
A. Timely Initial Assessments	73 0	74 0	75 0
B. Timely Reassessments	76 0	77 0	78 0
C. Provider Enrollment Form (SOC 426)	79 0	80 0	81 0
D. Voluntary Services Form (SOC 450)	82 0	83 0	84 0
E. Paramedical Services Form (SOC 321)	85 0	86 0	87 0
F. Protective Supervision Form (SOC 821)	88 0	89 0	90 0
G. Hours Exceed Guidelines	91 0	92 0	93 0
H. Able and Available Spouse	94 0	95 0	96 0
I. Proration Calculations	97 0	98 0	99 0
J. Services For Children	100 0	101 0	102 0
K. Over 300-Hours Report	103 0	104 0	105 0
L. Recipients Advised of Availability of Fingerprinting Information on Providers	106 0	107 0	108 0
M. Other: (specify) _____	109 0	110 0	111 0

7. Quality Improvement Efforts (Check All That Apply)	
A. <input type="checkbox"/> Developed QA Tools/Forms and/or Instructional Materials	
B. <input type="checkbox"/> Ensured Staff Attended IHSS Training Academy	
C. <input type="checkbox"/> Offered County Training on Targeted Areas	
D. <input type="checkbox"/> Established Improvement Committees	
E. <input type="checkbox"/> Established Tools for QA/QI Fraud Prevention/Detection	
F. <input type="checkbox"/> Conducted Corrective Action Updates (attach a brief summary)	
G. <input type="checkbox"/> Utilized Customer Satisfaction Surveys	
H. <input type="checkbox"/> Other: (specify) _____	

INSTRUCTIONS FOR COMPLETING SOC 824

COUNTY INFORMATION:

County – Enter county name.

County Code – Enter county number.

Quarter Ending – Enter the quarter reporting (1st, 2nd, 3rd, or 4th).

Name/Title of Person Completing Survey – Enter name/title of person completing report.

Telephone Number – Enter the telephone number of the person completing report.

Date Completed – Enter the date the report was completed.

SECTION I - Desk Reviews: Case files reviewed by county QA Staff for the quarter.

- 1A. **Number of Desk Review Cases Completed** – For each program (PCSP, IPW, & IHSS-R), enter the number of case files that were reviewed.
- 1B. **Number of Desk Review Cases With No Further Action Required** – For each program (PCSP, IPW, IHSS-R), enter the number of case files reviewed that did not require further action for the quarter.
- 1C. **Number of Desk Review Cases Requiring Additional Action** – For each program (PCSP, IPW, IHSS-R), enter the number of case files reviewed that required additional action to be taken for the quarter.

SECTION 2 - Home Visits: Home visits conducted by county QA Staff for the quarter.

- 2A. **Number of Home Visits Conducted** – For each program (PCSP, IPW, and IHSS-R), enter the number of home visits conducted for the quarter.
- 2B. **Number of Home Visits With No Further Action Required** – For each program (PCSP, IPW, IHSS-R), enter the number of home visits that did not require further action.
- 2C. **Number of Visits Requiring Additional Action** – For each program (PCSP, IPW, IHSS-R), enter the number of home visits that required additional action.

SECTION 3 - Fraud Prevention/Detection and Over/Underpayment Activities: Complete this section when the county QA staff has suspected, discovered, or been given evidence of fraudulent activity for the quarter.

- 3A. **Number of Cases Identified Through QA/QI Activities Requiring Further County Review** – For each program (PCSP, IPW, and IHSS-R), enter the number of case files requiring further county review due to suspected fraud.
- 3B. **Number of Cases Identified Through QA/QI Activities Referred to Department of Health Services (DHS) for Investigation** – For each program (PCSP, IPW, and IHSS-R), enter the number of cases referred to DHS for further investigation or suspected fraud.
- 3C. **Number of Underpayment Actions Initiated as a Result of QA/QI Activities** – For each program (PCSP, IPW, and IHSS-R), enter the total number of underpayments identified as a result of QA activities.
- 3D. **Number of Nonfraud-Related Overpayments Initiated as a Result of QA/QI Activities** – For each program (PCSP, IPW, and IHSS-R), enter the total number of nonfraud-related overpayments identified as a result of QA activities.
- 3E. **Number of Fraud-Related Overpayments Initiated as a Result of QA/QI Activities** – For each program PCSP, IPW, and IHSS-R), enter the total number of fraud-related overpayments identified as a result of QA activities.
- 3F. **Other (specify)** – For each program (PCSP, IPW, and IHSS-R), enter the number of cases reviewed for any other types of fraudulent overpayments and identify the types.

Section – 4 Critical Events/Incidents Identified:

A critical event/incident is when there is an immediate threat or risk to the health and safety of a PCSP, IPW, and/or IHSS-R recipient. Complete this section only if any critical events/incidents, as defined here, have occurred during the quarter. Complete each (A-E) that applies.

- 4A. **Number of Neglect Cases** – For each program (PCSP, IPW, and IHSS-R), enter the number of cases that indicated neglect.
- 4B. **Number of Abuse Cases (physical, sexual, mental, financial, exploitation)** – For each program (PCSP, IPW, and IHSS-R), enter the number of cases that indicated abuse.
- 4C. **Number of Provider “No Show” Cases That Pose a Threat to the Health and Safety of the Recipient** – For each program (PCSP, IPW and IHSS-R), enter the number of cases that indicated a provider “no show” which posed a threat to the health and safety of a recipient.
- 4D. **Number of “Harmful to Self” Cases** – For each program (PCSP, IPW, and IHSS-R), enter the number of cases that indicated a threat of the recipient causing harm to him/herself.
- 4E. **Other Types of Critical Events/Incidents (specify)** – For each program (PCSP, IPW and IHSS-R), enter the number of cases with any other types of critical events/incidents and identify the types.

SECTION 5 - Actions Taken on Critical Events/Incidents Within 24 hours: Identify each type of case referral made and actions implemented for the quarter.

INSTRUCTIONS FOR COMPLETING SOC 824

- 5A. **Adult Protective Services (APS) referral** – For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5B. **Child Protective Services (CPS) referral** – For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5C. **Law enforcement referral** – For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5D. **Public Authority (PA) referral** – For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5E. **911 Call Center referral** - For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5F. **Out-of-Home Placement referral** – For each program (PCSP, IPW and IHSS-R), enter the number of completed case referrals.
- 5G. **Other (specify)** – For each program (PCSP, IPW, and IHSS-R), enter the number of any other types of completed cases referrals and identify the types.

SECTION 6 - Targeted Reviews – Targeted case reviews differ from routine scheduled reviews. Focus is limited to a single issue rather than the focus being on the consumer receiving the correct services at the level which allows him/her to remain safely and independently in his/her home. Identify the focused areas (A-M) of each targeted review and the number of cases reviewed during the quarter.

- 6A. **Timely Initial Assessments** - For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for timely assessments.
- 6B. **Timely Reassessments** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for timely reassessments.
- 6C. **Provider Enrollment Form (SOC 426)** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted cases files reviewed focusing on the Provider Enrollment Form.
- 6D. **Voluntary Services Form (SOC 450)** - For each program (PCSP, IPW and IHSS-R), enter the number of targeted case files reviewed focusing on the Voluntary Services Form.
- 6E. **Paramedical Services Form (SOC 321)** – For each program (PCSP, IPW and IHSS-R), enter the number of targeted case files reviewed focusing on the Paramedical Services Form.
- 6F. **Protective Supervision (SOC 821)** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed focusing on the Protective Supervision Form.
- 6G. **Hours Exceed Guidelines** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for hours exceeding applicable time guidelines.
- 6H. **Able and Available Spouse** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for appropriate applications of Able and Available Spouse.
- 6I. **Proration Calculations** - For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for Proration calculations.
- 6J. **Services for Children** – For each program PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for services authorized appropriately for children.
- 6K. **Over 300-Hours Report** - For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed that indicate if the over 300 Hours Report was utilized.
- 6L. **Recipients Advised of availability of fingerprinting information on providers** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed to identify that recipients were advised of the availability of fingerprinting of providers.
- 6M. **Other (specify)** – For each program (PCSP, IPW, and IHSS-R), enter the number of case files reviewed for any other targeted areas and identify the types.

SECTION 7 - Quality Improvement Efforts – Quality Improvement efforts identified during the quarter. For each (A-H) check all that applies.

- 7A. **Developed QA Tools/Forms and/or Instructional Materials** – Check box if any tools, forms, and/or other instructional materials were developed for QA activities.
- 7B. **Ensured Staff Attended IHSS Training Academy** – Check box if staff attended IHSS Training Academy.
- 7C. **Offered County Training on Targeted Areas** – Check box if training was offered for county staff on targeted areas.
- 7D. **Established Improvement Committees** – Check box if QA/QI committees were established.
- 7E. **Established tools for QA/QI Fraud Prevention/Detection** – Check box if any tools, forms and/or other materials were developed for fraud prevention/detection.
- 7F. **Conducted Ongoing Corrective Action Updates (attach a brief summary)** – Briefly describe any corrective action updates developed as part of State or County QA review efforts.
- 7G. **Utilized Customer Satisfaction Surveys** – Check box if customer satisfaction surveys were utilized.
- 7H. **Other (specify)** – Check box if any other Quality Improvement efforts occurred and identify the types.